STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation S.D. SEC OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER		2. DATE 10 8~08
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH		NUAL SUBSCRIPTION
weekly acrosses	PRICE :	Sound State and ZIP+4 Code)
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
162 20 2 Carde 32 2 N2		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
1105 2 31 Cince 3) 3 M31		
6. FULL NAME OF PUBLISHER: TING IN SIGNOLOGY		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS		
Tha Sanderson 165 2" St Condo 50 52/31		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12	ISSUED
	MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	400	330
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and		
counter sales.	10	30
2. Mail Subscription (Paid and or requested)	270	245
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	345	295
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	\circ	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	345	295
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	55	SS
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	Uma	250
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
12. 12. 21C/10-2-	S. 1. 4.	/ · · ·
(Signature)	(Title)	
Sworn to before me this day of C + , 20 C S		
State of South Dakota)	Sworn to before the tips 1 day of 7 , 200 3	
County of S	Notary Public	
7		
(Seal) INICHOLAS W. SIMON		
Form: SOS REC 051 7/2004 SEAL S		
SOUTH DAKOTA My Commission Expires 7-31-12		
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